

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1570638

OMB APPROVAL	
OMB Number	3235-0076
Expires:	
Estimated average burden hours per response	16.00



06040575

Name of Offering (☐ check if this is an amendment and name has changed, and indicate change.)

Physicians' Hospital of Rancho California, LLC

Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ ULOE

Type of Filing: ☒ New Filing ☐ Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer:

Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)

Physicians' Hospital of Rancho California, LLC

Address of Executive Offices (Number and Street, City, State, Zip Code)

5409 Maryland Way, Suite 140, Brentwood, TN 37027

Telephone Number (Including Area Code)

(615) 620-0040

Address of Principal Business Operations (Number and Street, City, State, Zip Code)

(if different from Executive Offices)

Telephone Number (Including Area Code)

Brief Description of Business **General acute care hospital**

Type of Business Organization

- ☐ corporation ☐ limited partnership, already formed
☐ business trust ☐ limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization:

Month

May

Year

2005

☒ Actual ☐ Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State.

CN for Canada; FN for other foreign jurisdiction)

C A

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☒ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Vance & Joana Johnson Family Trust

Business or Residence Address (Number and Street, City, State, Zip Code)

27475 Ynez Rd., #342, Temecula, CA 92591Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

James D. Stoops & Joan Stoops

Business or Residence Address (Number and Street, City, State, Zip Code)

30195 Via Norte, Temecula, CA 92591-1654Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Jonathan Y. Yun

Business or Residence Address (Number and Street, City, State, Zip Code)

28999 Old Town Front St., Ste. 203, Temecula, CA 92590Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Scott Herron

Business or Residence Address (Number and Street, City, State, Zip Code)

25981 Schafer Dr., Murrieta, CA 92563Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

John E. Kaplan

Business or Residence Address (Number and Street, City, State, Zip Code)

22291 Baxter Rd., Wildomar, CA 92595Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Ryan Tran

Business or Residence Address (Number and Street, City, State, Zip Code)

40065 Montage Ln., Murrieta, CA 92563Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

James S. Walsron & Atalanta C. Olito Trustees – Waldron-Olito Family Trust

Business or Residence Address (Number and Street, City, State, Zip Code)

37963 Panorama Ct., Murrieta, CA 92562

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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- Each promoter of the issuer, if the issuer has been organized within the past five years;
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- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Nalan Narine

Business or Residence Address (Number and Street, City, State, Zip Code)

32439 Pensador St., Temecula, CA 92592Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Paul R. Reiman, M.D. and Angelina C. Rieman

Business or Residence Address (Number and Street, City, State, Zip Code)

40823 Baccorat Rd., Temecula, CA 92591Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

John J. Hong, M.D. & Susan Hong

Business or Residence Address (Number and Street, City, State, Zip Code)

31540 Champions Circle, Temecula, CA 92591-1993Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

The Brodak Revocable Living Trust

Business or Residence Address (Number and Street, City, State, Zip Code)

1070 Capra Way, Fallbrook CA 92028Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Stuart Shapiro, D.O.

Business or Residence Address (Number and Street, City, State, Zip Code)

33175 Hwy. 79, #A211, Temecula, CA 92592Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

John E. & Margaret A. Connelly Family Trust

Business or Residence Address (Number and Street, City, State, Zip Code)

P.O. Box 891311, Temecula, CA 92589Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Thuan Le

Business or Residence Address (Number and Street, City, State, Zip Code)

26344 Castle Ln., Murrieta CA 92563

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

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- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Evelyn Mendoza, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

38401 Shoal Creek Dr., Murrieta CA 92562Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Theodore Taekyu Kim

Business or Residence Address (Number and Street, City, State, Zip Code)

13872 Kerry Ln., San Diego CA 92130Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

James W. Rhee

Business or Residence Address (Number and Street, City, State, Zip Code)

1109 Stonehaven Circle, Aurora IL 60504Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

James Jin H. Song

Business or Residence Address (Number and Street, City, State, Zip Code)

414 County Line Rd., Barrington Hills IL 60010Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Kevin Dang, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

4283 Havenridge Dr., Corona CA 92883Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

KOFAA Medical Corporation

Business or Residence Address (Number and Street, City, State, Zip Code)

24756 Via Carlos, Laguna Niguel CA 92677Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

James & Dawn K. Flock

Business or Residence Address (Number and Street, City, State, Zip Code)

6 Highland Rd., Hackettstown NJ 07840-4816

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- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Dennis Kim, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

38961 Cherry Point Ln., Murrieta CA 92563Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Victor Nguyen, M.D. and Jennifer Nguyen

Business or Residence Address (Number and Street, City, State, Zip Code)

26323 Alise Ct., Murrieta CA 92563Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Jonathan Dinh

Business or Residence Address (Number and Street, City, State, Zip Code)

29279 Woodbridge Dr., Murrieta CA 92563Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

James Kalkanis, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

24323 Jackson Ave., #1433, Murrieta CA 92562Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Tae Hyun Kim

Business or Residence Address (Number and Street, City, State, Zip Code)

431 S. Kingsley Dr., #302, Los Angeles CA 90019Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Michael & Kimberly Yen, M.D.'s

Business or Residence Address (Number and Street, City, State, Zip Code)

6113 Fordham St., Houston TX 77005Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Chun-Yang Michael Chang, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

Gastroenterology Specialists of Oregon, Attn: Dr. Chang, 19250 SW 90th Rd., Tualatin OR 97062

A. BASIC IDENTIFICATION DATA

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- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

The PWF Group, LLP

Business or Residence Address (Number and Street, City, State, Zip Code)

5816 Lightning Ct., Sun Valley NV 89433Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Tamara Leonas, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

28910 Rancho California Dr., Temecula CA 92590Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Bruce A. and Tammy L. Hayton, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

3198 Los Alisos Dr., Fallbrook CA 92028Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Cal Oaks, LLC/ Oaks Surgery Center

Business or Residence Address (Number and Street, City, State, Zip Code)

40740 Cal Oaks Rd., Murrieta CA 92562Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Sandia Creek Family Ltd. Partnerships

Business or Residence Address (Number and Street, City, State, Zip Code)

44140 Sunset Terrace, Temecula CA 92590Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Julie H. Lee & Keun-Young Kim

Business or Residence Address (Number and Street, City, State, Zip Code)

12603 Moorpark St. Unit 203, Studio City CA 91604Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

O.B. Partners, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

25460 Medical Center Dr., Ste. 100, Murrieta CA 92562

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- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Ghassan S. & Lara A. Tooma

Business or Residence Address (Number and Street, City, State, Zip Code)

251 S. Peralta Hills Dr., Anaheim Hills CA 92807Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Steven Kyong Won Hwang

Business or Residence Address (Number and Street, City, State, Zip Code)

13412 Roswell Ave., Chino CA 91710Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Shih-Ting Patricia Tsai & Shio-Hwa Chu Tsai

Business or Residence Address (Number and Street, City, State, Zip Code)

P.O. Box 12797, New Port Beach CA 92658Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Steven F. Galarza, D.O.

Business or Residence Address (Number and Street, City, State, Zip Code)

P.O. Box 11269, San Bernardino CA 92423Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Steven D. & Sharon Taylor Revocable Living Trust

Business or Residence Address (Number and Street, City, State, Zip Code)

40355 Via Herraclura Dr., Murrieta CA 92562Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Gregory A. LaBonte

Business or Residence Address (Number and Street, City, State, Zip Code)

32266 Calle Balareza, Temecula, CA 92592-3975Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Sana Johnson-Quijada, M.D., Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

27475 Ynez Rd., #313, Temecula, CA 92591

A. BASIC IDENTIFICATION DATA

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- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Igor T. Gavrilovic

Business or Residence Address (Number and Street, City, State, Zip Code)

411 E. 75 St., #6A, New York, NY 10021Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Gary W. Votapka

Business or Residence Address (Number and Street, City, State, Zip Code)

P.O. Box 2082, Fallbrook, CA 92088Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Neil Andrew Stuikmans

Business or Residence Address (Number and Street, City, State, Zip Code)

26561 Roland Rd., Murrieta, CA 92563Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Brian J. Eichenberg (IRA) FCC as Custodian

Business or Residence Address (Number and Street, City, State, Zip Code)

18819 Wildflower Way, Riversidem CA 92504-9589Check Box(es) that Apply: ☒ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Jay A. Ferns, D.O., AMC

Business or Residence Address (Number and Street, City, State, Zip Code)

29738 Rancho California Rd. #B, Temecula, CA 92591Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Diamond Valley Farms, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

22411 Bear Creek Dr., N., Murrieta, CA 92562Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

David Wood

Business or Residence Address (Number and Street, City, State, Zip Code)

202 Summit Ave., Redlands, CA 92373

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- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Michael Moon

Business or Residence Address (Number and Street, City, State, Zip Code)

11608 Parkhurst Sq., San Diego, CA 92130Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Anlaur Concepts, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)

2764 Lake Sahara Dr., Ste. 111, Las Vegas, NV 89117Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Gregory K. Smith

Business or Residence Address (Number and Street, City, State, Zip Code)

40220 Circle Hill Dr., Murrieta, CA 92562Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Rancho Family Medical Group

Business or Residence Address (Number and Street, City, State, Zip Code)

41715 Winchester Rd., Ste. 101, Temecula, CA 92590Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Munif Salek, M.D.

Business or Residence Address (Number and Street, City, State, Zip Code)

40160 Tinderbox Way, Murrieta, CA 92562Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Joseph G. Navarez

Business or Residence Address (Number and Street, City, State, Zip Code)

27555 Ynez Rd., Ste. 350, Temecula, CA 92591Check Box(es) that Apply: ☒ Promoter ☒ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

SDP - PHRC Partners 1, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

5409 Maryland Way, Ste. 140, Brentwood, TN 37027

A. BASIC IDENTIFICATION DATA

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- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Michael D. Crews Development Team Defined Benefit Pension Plan

Business or Residence Address (Number and Street, City, State, Zip Code)

P.O. Box 300429, Escondido, CA 92030Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Richard J. Connor

Business or Residence Address (Number and Street, City, State, Zip Code)

31547 Enfield Ln., Temecula, CA 92591Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Richard A. Weiner

Business or Residence Address (Number and Street, City, State, Zip Code)

43605 San Ferman Place, Temecula, CA 92592Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

John Robert Waite

Business or Residence Address (Number and Street, City, State, Zip Code)

25150 Hancock Ave., #100, Murrieta, CA 92562Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Monisha Crisell

Business or Residence Address (Number and Street, City, State, Zip Code)

29705 Monte Verde Rd., Temecula CA 92592Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Randy D. and Beverly P. Search

Business or Residence Address (Number and Street, City, State, Zip Code)

33280 Elizabeth Rd., Temecula, CA 92592Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Mark & Penny Esbensen

Business or Residence Address (Number and Street, City, State, Zip Code)

41623 Margarita Rd., Suite 100, Temecula, CA 92591

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

James H. Nadel

Business or Residence Address (Number and Street, City, State, Zip Code)

3345 Red Mountain Heights Dr., Fallbrook, CA 92028Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Kmoo, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

C/O Peter Montgomery, 5951 Variel Ave., Woodland Hills, CA 91367Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

FITD Ventures, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

2431 W. March Lane, Suite 100, Stockton, CA 95207Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Patrick Richard Gorman and Theresa Marie Gorman Family Trust

Business or Residence Address (Number and Street, City, State, Zip Code)

19450 Los Palomas Ln., Murrieta, CA 92562Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

John Kevin Gorman and Kimberly Kaye Gorman Family Trust

Business or Residence Address (Number and Street, City, State, Zip Code)

19502 Los Palomas Ln., Murrieta, CA 92562Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

John M. and Amelia McMahon

Business or Residence Address (Number and Street, City, State, Zip Code)

30791 Jedidiah Smith Rd., Temecula, CA 92592Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Guenther & Elke Wiebelitz

Business or Residence Address (Number and Street, City, State, Zip Code)

43954 Gatewood Way, Temecula, CA 92592

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

William Atkins

Business or Residence Address (Number and Street, City, State, Zip Code)

3337 Red Mountain Heights Dr., Fallbrook, CA 92028Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Sally & Ed Burke

Business or Residence Address (Number and Street, City, State, Zip Code)

41610 Big Sage Ct., Temecula, CA 92591Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Dr. Richard L. Evans

Business or Residence Address (Number and Street, City, State, Zip Code)

39755 Murrieta Hot Springs Rd., Murrieta, CA 92563Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Young Jik Lee

Business or Residence Address (Number and Street, City, State, Zip Code)

1040 Linda Glen Dr., Pasadena, CA 91105Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Brian Bui

Business or Residence Address (Number and Street, City, State, Zip Code)

40261 Bolboa, Temecula, CA 92591Check Box(es) that Apply: ☒ Promoter ☒ Beneficial Owner ☐ Executive Officer ☒ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

PHRC Partners 1, LLC c/o Dr. Walt Combs

Business or Residence Address (Number and Street, City, State, Zip Code)

41715 Winchester Rd, Temecula CA 92590Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Nguyen (Steve) Pham

Business or Residence Address (Number and Street, City, State, Zip Code)

29241 Albatros Rd., Hayward, CA 94545

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Michael W. Burke, DDS

Business or Residence Address (Number and Street, City, State, Zip Code)

36026 Ravello Ct., Murrieta, CA 92562Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Kelly & Claire McCrann

Business or Residence Address (Number and Street, City, State, Zip Code)

36032 Ravello Ct., Murrieta, CA 92562Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

John F. Peisner

Business or Residence Address (Number and Street, City, State, Zip Code)

19300 Tenaia Rd., Murrieta, CA 92562Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Ramesh Gupta

Business or Residence Address (Number and Street, City, State, Zip Code)

1400 Easton Dr. #106, Bakersfield CA 93309Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Michael McMahon

Business or Residence Address (Number and Street, City, State, Zip Code)

34222 Pauba Road, Temecula CA 92592Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Anderson – Combs, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

29798 Haun Rd Suite 202, Menifee CA 92586Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

William Burrows

Business or Residence Address (Number and Street, City, State, Zip Code)

41909 Skywood Dr, Temecula CA 92951

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Clinton Park

Business or Residence Address (Number and Street, City, State, Zip Code)

6225 Paseo Privado, Calsbad CA 92009Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Andy Hoang

Business or Residence Address (Number and Street, City, State, Zip Code)

26273 Palm Tree Lane, Murrieta CA 92563Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Kyung Ku Song

Business or Residence Address (Number and Street, City, State, Zip Code)

1236 Sky Crest Glen, Escondido CA 92029Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Ayman Dahman

Business or Residence Address (Number and Street, City, State, Zip Code)

18675 Walnut Dr., Strongsville OH 44149Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Moon Yun

Business or Residence Address (Number and Street, City, State, Zip Code)

121 Springdale Way, Emerald Hills CA 94082Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Leticia Du

Business or Residence Address (Number and Street, City, State, Zip Code)

31172 Kahweta Road, Temecula CA 92591Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Rodney Jones

Business or Residence Address (Number and Street, City, State, Zip Code)

1012 Skyline Pl., San Marcos CA 92078

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

LTTL Associates

Business or Residence Address (Number and Street, City, State, Zip Code)

41593 Winchester Road Suite 101, Temecula CA 92590Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?

Yes



No



Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual?

\$ **50,000**

3. Does the offering permit joint ownership of a single unit?

Yes



No



4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and / or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States) ☐ All States

[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box ☐ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$ 15,250,000	\$ 15,250,000
<input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify _____)	\$	\$
Total	\$ 15,250,000	\$ 15,250,000

Answer also in appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	83	\$ 14,700,000
Non-accredited Investors	11	\$ 550,000
Total (for filings under Rule 504 only)		\$

Answer also in Appendix, Column 4, if filing under ULOE.

If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505		\$
Regulation A		\$
Rule 504		\$
Total		\$ 0

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fee	<input type="checkbox"/>	\$
Printing and Engraving Costs	<input type="checkbox"/>	\$
Legal Fees	<input checked="" type="checkbox"/>	\$ 50,000
Accounting Fees	<input type="checkbox"/>	\$
Engineering Fees	<input type="checkbox"/>	\$
Sales commissions (specify finders' fees separately)	<input type="checkbox"/>	\$
Other Expenses (identify) _____	<input type="checkbox"/>	\$
Total	<input checked="" type="checkbox"/>	\$ 50,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ 15,200,000

Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

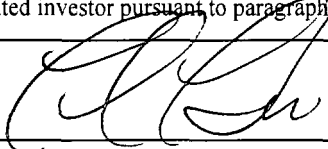
Payments to
Officers,
Directors, &
Affiliates

Payments To
Others

Salaries and fees	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Purchase of real estate	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Construction or leasing of plant buildings and facilities	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Repayment of indebtedness	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Working capital	<input checked="" type="checkbox"/> \$	<input type="checkbox"/> \$ 15,200,000
Other (specify): _____	<input type="checkbox"/> \$	<input type="checkbox"/> \$
_____	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Column Totals	<input type="checkbox"/> \$	<input checked="" type="checkbox"/> \$ 15,200,000
Total Payments Listed (column totals added)	<input checked="" type="checkbox"/> \$ 15,200,000	

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) Physicians' Hospital of Rancho California, LLC	Signature 	Date 06-22-2006
Name of Signer (Print or Type) Frank T. Sossi	Title of Signer (Print or Type) Acting Secretary	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE

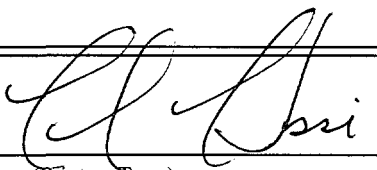
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

Yes ☐ No ☒

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person:

Issuer (Print or Type) Physicians' Hospital of Rancho California, LLC	Signature 	Date 06-22-2006
Name of Signer (Print or Type) Frank T. Sossi	Title of Signer (Print or Type) Acting Secretary	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in State (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA				77	14,350,000	11	550,000		X
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									
MO									

APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in State (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV				2	100,000				
NH									
NJ									
NM									
NY				1	50,000				
NC									
ND									
OH				1	100,000				
OK									
OR				1	50,000				
PA									
RI									
SC									
SD									
TN									
TX				1	50,000				
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									